

FAX TO: Sheila Cook @ 803-544-5110



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Columbia, South Carolina 29201-3836  
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**REQUEST FOR AUDIO TAPE**

**Tape Requested:** \_\_\_\_\_

(Please request one tape per form)

Proposed viewing dates, in order of preference:

***AS SOON AS POSSIBLE or***

- (1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_

<b>NAME:</b>
<b>AGENCY:</b>
<b>ROOM/BLDG:</b>
<b>STREET:</b>
<b>CITY, STATE, ZIP:</b>
<b>TELEPHONE NBR:</b>
<b>E-MAIL ADDRESS:</b>
<b>FAX NBR:</b>
<b># WORKBOOKS NEEDED</b>

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I understand that tapes and all workbooks must be  
returned on time by overnight service at my agency's expense.

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